

PRINT LETTER OF INTENT ON YOUR AGENCY OR DEPARTMENT LETTERHEAD

Date _____

I, _____ (*Supervisor Name*), do hereby attest that I am actively employed with _____ (*Branch of Office*) as the _____ (*Position Title/Occupation*), exercising supervisory authority over the below signed requestor for access to the Indiana Prescription Monitoring Program (INSPECT).

I verify that _____ (*Requestor Name*), is actively employed with the _____ (*Branch of Office*) as a _____ (*Position Title/Occupation*) and that access to INSPECT is pertinent to his/her law enforcement duties, as it relates to researching and/or the prosecution of current investigations that involves controlled substances.

I hereby authorize this law enforcement requestor to have access to INSPECT.

SUPERVISOR NAME

Date

REQUESTOR NAME

Date